



Pierce County

Medical Examiner's Office

3619 Pacific Avenue
Tacoma, Washington 98418
(253) 798-6494 • FAX (253) 798-2893

THOMAS B. CLARK III, MD
Medical Examiner

SHARON R. JOHNSON
Medical Examiner Services Manager

POSTMORTEM EXAMINATION REPORT

MEDICAL EXAMINER CASE #:

20-0519

NAME OF DECEASED:

Manuel Elijah Ellis

DATE OF EXAMINATION:

March 4, 2020

LAW ENFORCEMENT AGENCY AND CASE #:

**Pierce County Sheriff's Department
20-063-02251**

CAUSE OF DEATH:

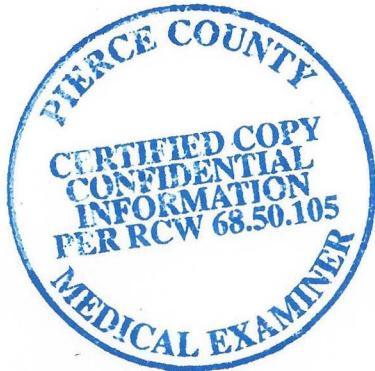
Hypoxia due to physical restraint

OTHER SIGNIFICANT CONDITIONS:

Methamphetamine intoxication, dilated cardiomyopathy

MANNER OF DEATH:

Homicide



✓

FINAL DIAGNOSES:

Multiple punctate injuries to the chest consistent with Taser application.

Multiple abrasions of the face and extremities.

Contusions of both hands and wrists consistent with restraint.

Dilated cardiomyopathy.

OPINION:

According to law enforcement, this 33-year-old man attacked a Tacoma Police Department vehicle for no apparent reason at 23:21 on March 3, 2020. One of the officers deployed his Taser. A physical encounter ensued, during which the man was handcuffed. A timeline provided by law enforcement shows that the decedent stated that he could not breathe at 23:23. A minute later, hobbles were placed on the decedent's lower extremities, and he was placed on his side. A "spit hood" was placed over his mouth, and he was placed in a "side recovery position at some point then back to stomach." At 23:25, an officer asked for an EMS response, and Tacoma Fire was notified at 23:26. At 23:32, the officer upgraded the Fire call to priority. A medic unit evaluated the decedent at 23:34, noting that he was unconscious with minimal respiratory drive, and deteriorating. He progressed to respiratory arrest and was ventilated by a mask. In spite of chest compression, intubation, and defibrillation, resuscitative efforts were not successful, and the decedent was pronounced dead at 00:12 on March 4, 2020. At 00:46, law enforcement requested that Fire return to the scene to obtain a body temperature, which was 96.7.

Autopsy examination shows minor external injury consistent with the history of Taser application and physical restraint. Natural findings include a dilated heart. Toxicology testing shows a methamphetamine concentration of 2400 ng/mL, along with metabolites amphetamine, ephedrine, and phenylpropanolamine.

Autopsy examination does not reveal an anatomic cause of death. The methamphetamine concentration is well within the fatal range and could have caused this death independently. However, if it had, one might expect that it would cause a cardiac dysrhythmia such as ventricular fibrillation and would produce sudden death. Yet, in this case, upon the arrival of first responders, the decedent was close to respiratory arrest but still had a sinus cardiac rhythm. Thus, it is likely that progressive hypoxia as a result of physical restraint, positioning, and the placement of a mask over the mouth is a significant factor, and possibly the most important factor. Death, therefore, is certified as being due to hypoxia as a result of physical restraint with contributing conditions of methamphetamine intoxication and a dilated heart. It is unlikely that this death would have occurred due to physical restraint alone, without the contributing conditions. Furthermore, an argument could be made that the extremely high methamphetamine concentration should be considered the primary factor.


Thomas B. Clark III, M.D.
Medical Examiner

19 May 2020
Date



EXTERNAL EXAMINATION:

The decedent is received in a body bag clothed in athletic shorts, shoes and socks. Additional items are in the bag including cut clothing (sweatshirt and sweatpants), and a "spit hood".

The body is 70 in. tall and weighs 218 lbs. The head is shaved. The eyes are brown. The teeth are natural. Rigor is not detectable. Livor is dark and posterior. The body is cold.

An endotracheal tube is present. There is an intravenous line in the left arm. Cardiac monitor leads are present. Defibrillator pads are present.

A postmortem radiograph does not show fractures nor other injuries.

There is a linear hypertrophic scar on the left side of the forehead. There are multiple linear scars in the left antecubital fossa. There is an irregular scar on the anterior left forearm. There are multiple scars on and around the left knee. There are tattoos on both forearms.

Injuries:

There is minor but widespread external evidence of injury. There are three punctate injuries on the chest, including mid chest, left mid chest, and left lower chest, consistent with taser probes. No taser probes are present at the time of examination. There is abrasion on both sides of the face and the chin. There is also a small amount of abrasion lateral to the left eyebrow. There are multiple small lacerations on the inner lips. Tooth #18 is chipped. There are bands of bruising across the posterior surfaces of both hands and wrists consistent with handcuff restraints. There is abrasion of the posterior surfaces of the fingers of the right hand. There are multiple abrasions on and around both knees.

INTERNAL EXAMINATION:

Body Cavities:

The serosal surfaces are smooth and glistening. There is no unusual accumulation of blood or fluid.

Head:

The scalp does not have evidence of injury. The skull is intact. The brain weighs 1430 g. The meninges are thin and delicate, with no evidence of inflammation or hemorrhage. There is no cerebrovascular disease. There is no evidence of injury to the external surface of the brain. Serial sections of brain do not show focal lesions.

Neck:

The hyoid bone is intact. The larynx is clear. The thyroid gland is of the usual size and configuration. There is no hemorrhage of the strap muscles.

Cardiovascular System:

The heart weighs 480 g. The coronary arteries arise in the usual locations. There is streaking of the left anterior descending artery and no evidence of atherosclerosis in the other arteries. Serial sections of myocardium show that the heart is dilated. The left ventricular wall ranges from 15-18mm. There is no evidence of acute nor old infarction. The valves are normally formed. The descending aorta is intact and has only atheromatous streaking.

Respiratory System:

The right lung weighs 800 g, left lung weighs 490 g. The lower lobes of both lungs appear congested. There is no evidence of consolidation. Pulmonary thromboemboli are not present.

Liver, Gallbladder, Pancreas:

The liver weighs 1990 g. It is of the usual color and consistency. The gallbladder contains liquid green bile. The pancreas is unremarkable.

Spleen and Lymph Nodes:

The spleen weighs 210 g. There is a small accessory spleen. There are no prominent lymph nodes.

Genitourinary System:

The right kidney weighs 170 g, left kidney weighs 180 g. The kidneys are normally formed and do not have focal lesions. The bladder contains 280 cc of urine. The prostate is unremarkable.

Endocrine System:

The adrenal glands are unremarkable.

Digestive System:

The gastrointestinal tract is intact. The stomach contains 400 cc of partially digested food. There is a small amount of hemorrhage of the upper esophagus consistent with intubation efforts. An appendix is present and unremarkable.

Musculoskeletal System:

Intact.

Toxicology: Specimens are submitted for toxicologic analysis. A separate report will be issued.

Histopathology: Sections are submitted for microscopic analysis.

Block 1 contains: heart and right lung.

Block 2 contains: left lung and liver.

Block 3 contains: kidney and brain.

MICROSCOPIC EXAMINATION:

Heart: There is no evidence of acute nor old infarction, nor significant inflammation.

Lung: Sections of lung show edema and focal intra-alveolar hemorrhage.

Liver: No pathologic diagnosis.

Kidney: Autolyzed but otherwise unremarkable.

Brain: No pathologic diagnosis.

TBC: at

Dictated: 03/04/2020

Transcribed: 03/04/2020

Finalized: 05/11/2020

RETENTION:

Blood, body fluids, tissues, and physical/trace materials that may be collected (the exact samples vary by case) during the examination are routinely held in accordance with our retention policy prior to biohazard disposal, unless transferred to a laboratory or other agency by the Medical Examiner's Office, or otherwise released by special arrangement.



TOXICOLOGY LABORATORY
WASHINGTON STATE PATROL
2203 Airport Way South Suite 360 Seattle, WA 98134
(206) 262-6100 FAX No. (206) 262-6145

TOXICOLOGY TEST REPORT

Attention: Dr. Thomas B. Clark III

Agency: Pierce Co Medical Examiner

Address: 3619 Pacific Ave
Tacoma, WA 98418-7929

Tox Case #: ST-20-02989 Case Type: Death Investigation Report Date: 4/21/2020

Agency Case #: 200519

Subject Name: Manuel Ellis

Evidence: The following evidence was submitted to the Laboratory by Jen Schaler of the Pierce Co Medical Examiner on 3/5/2020 via USPS-1st Class Mail:
(1) ST-20-02989-A: VGray, Blood - Peripheral

Drug Analysis Results:

ST-20-02989-A: Blood - Peripheral

ST-20-02989-A was tested by NMS Labs.

Please see attached report from NMS Labs

COMMENTS

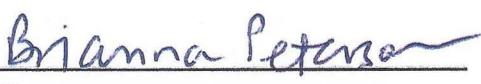
Sample tested at NMS Labs. Report Date: 04/11/2020. See attached report.

All testing was performed by the Forensic Scientist listed below except as otherwise indicated. The Forensic Scientist has technically reviewed all relevant pages of testing documentation in the case record.

Examined by:


Asa Louis, BSc
Forensic Scientist 3
Date: 20200427

Reviewed by:


Reviewer: Brianna Peterson
Date: 4, 28, 20

RECEIVED
MAY 05 2020

BY: AT





NMS Labs

CONFIDENTIAL

200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory

Toxicology Report

Report Issued 04/11/2020 18:00

To: 60156
Washington State Toxicology Laboratory
2203 Airport Way Suite 360

Seattle, WA 98134

Patient Name ELLIS, MANUEL
Patient ID ST-20-02989
Chain NMSCP50627
Age Not Given DOB Not Given
Gender Male
Workorder 20111012

Page 1 of 4

Positive Findings:

Compound	Result	Units	Matrix Source
Ephedrine	19	ng/mL	001 - Peripheral Blood
Phenylpropanolamine	39	ng/mL	001 - Peripheral Blood
Amphetamine	54	ng/mL	001 - Peripheral Blood
Methamphetamine	2400	ng/mL	001 - Peripheral Blood

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8051B	Postmortem, Basic, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	9.25 mL	Not Given	Peripheral Blood	

All sample volumes/weights are approximations.

Specimens received on 04/02/2020.

RECEIVED
MAY 05 2020

BY:AT.....



CONFIDENTIAL

Workorder

20111012

Chain

NMSCP50627

Patient ID

ST-20-02989

Page 2 of 4

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ephedrine	19	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Phenylpropanolamine	39	ng/mL	20	001 - Peripheral Blood	LC-MS/MS
Amphetamine	54	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Methamphetamine	2400	ng/mL	50	001 - Peripheral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:**1. Amphetamine - Peripheral Blood:**

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Ephedrine - Peripheral Blood:

Ephedrine is a naturally occurring, active stimulant of the sympathetic nervous system that may cause bronchodilation, vasoconstriction and increased cardiac activity. The drug has mild central nervous system stimulant effects. It is found in a number of Ephedra plant species. Ephedrine is used therapeutically as a nasal decongestant and bronchodilator. A number of food supplements containing Ephedra alkaloids (that provide between 8 and 24 mg per dose) are sold as stimulants and aids for weight loss.

Ephedrine is metabolized by the liver primarily to phenylpropanolamine (norephedrine). From 70 - 80% of an oral dose is eliminated in the 48 hour urine as the parent compound, with about 4% being present as phenylpropanolamine.

Peak plasma concentrations 1 hour after taking a single 24 mg oral dose were reported to be 100 ng/mL; during chronic total daily 45 mg oral use in 3 equal doses, a plasma concentration of 95 ng/mL was measured at 4 hr, and 65 ng/mL at 6 hr after an additional 15 mg dose. Fatalities with ephedrine have been reported with blood concentrations that range from 3500 - 21000 ng/mL.

3. Methamphetamine - Peripheral Blood:

d-Methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-Methamphetamine is an abused substance because of its stimulatory effects and is also addictive.



CONFIDENTIAL

Workorder 20111012
Chain NMSCP50627
Patient ID ST-20-02989

Page 3 of 4

Reference Comments:

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

4. Phenylpropanolamine (Norephedrine; PPA) - Peripheral Blood:

Phenylpropanolamine is a synthetic sympathomimetic drug; potencies and pharmacological effects are approximately equivalent to ephedrine. The compound is normally available as the hydrochloride salt of the racemic mixture. Phenylpropanolamine is not a controlled substance. At one time the drug was administered orally in doses between 6 and 50 mg for use as a decongestant, often in combination with antihistamines and analgesics in 'cold' remedies. In addition, the drug was widely used as an over-the-counter (OTC) diet aid in doses between 25 and 75 mg. Phenylpropanolamine was removed from the US market beginning in November 2000 due to concerns over its cardiovascular toxicity. Phenylpropanolamine (also known as norephedrine) is a metabolite of ephedrine and a minor metabolite of amphetamine.

Reported peak plasma concentrations of phenylpropanolamine following a 50 mg dose averaged 180 ng/mL at 1 to 2 hrs. Average peak plasma concentrations of 280 ng/mL were reported 6 hrs following administration of 150 mg phenylpropanolamine in a sustained-release formulation to 6 volunteers.

Phenylpropanolamine is capable of causing dizziness, palpitations, tachycardia, nervousness, insomnia, hypertension, and cardiac arrhythmias. Single doses of 50 to 75 mg have produced anxiety, agitation, hallucinations, and tremor in susceptible persons. Slightly higher doses have caused severe headache and hypertensive crisis in a number of individuals. In one deliberate fatal overdose case, a blood concentration of 48000 ng/mL was reported.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 20111012 was electronically signed on 04/11/2020 17:07 by:

Jolene J. Bierly, M.S.F.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50010B - Amphetamines Confirmation, Blood - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amphetamine	5.0 ng/mL	Methamphetamine	50 ng/mL
Ephedrine	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
MDA	5.0 ng/mL	Phentermine	5.0 ng/mL
MDEA	5.0 ng/mL	Phenylpropanolamine	20 ng/mL
MDMA	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL

Acode 8051B - Postmortem, Basic, Blood (Forensic) - Peripheral Blood



CONFIDENTIAL

Workorder 20111012
Chain NMSCP50627
Patient ID ST-20-02989

Page 4 of 4

Analysis Summary and Reporting Limits:

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Fentanyl / Acetyl Fentanyl	0.50 ng/mL
Barbiturates	0.040 mcg/mL	Methadone / Metabolite	25 ng/mL
Benzodiazepines	100 ng/mL	Methamphetamine / MDMA	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Medical Examiner's Record

Pierce County, Washington

**** Confidential ***

Case: 200519

Ellis, Manuel Elijah

Case Information

Case Number:	200519	Case Type :	Body Brought In
Date of Death:	03/04/2020	Time:	00:12
Date Found:	00/00/0000 00:00	Death Area:	Tacoma
Reported By:	Dispatch	Arrive Date:	03/04/2020 03:04
Agency:	SS911	Reason:	In Custody
Pronounced By:	TFD	Call Date:	03/04/2020 02:27
<input checked="" type="checkbox"/> Brought to Morgue <input checked="" type="checkbox"/> Scene Investigated <input type="checkbox"/> Death in Custody <input type="checkbox"/> Unidentified <input type="checkbox"/> USCPSC		Pronounced Date:	03/04/2020 00:12

Deceased

Name:	Ellis, Manuel Elijah	Race:	<input type="checkbox"/> CPS Notified
Address:	4616 North Bristol Street	Gender:	Male
City:	Tacoma	State:	WA Zip: 98407-
County:	Pierce	Military ?	<input type="checkbox"/>
SSN:	535-02-3338	Age:	33
Job:		Birth Date:	08/28/1986
Marital Status:	Single	Tag Number:	
Kind of Business:			
Spouse/Maiden Name:			

Incident

Next of Kin Notified By:	Francia	Notify Date:	03/04/2020 00:00
Agency:	Family	Notify Method:	Family
Incident Date:	03/03/2020	Time:	23:22
Place:	Roadway	At Work ?	<input type="checkbox"/>
Address:	96th and Ainsworth Ave	Funeral Home:	Edwards Memorial
Police Officer:	Det. Loeffelholz	City:	Tacoma
Agency:	Pierce County Sheriff's Department	Zip:	98444-
		Case#:	20-063-02251

Location

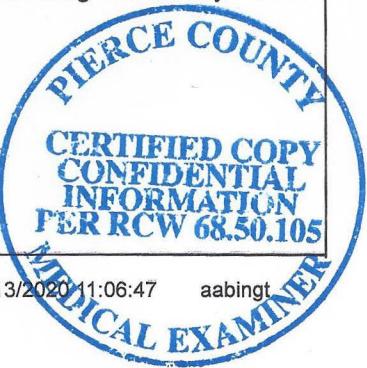
Location of Death Address :	96th and Ainsworth Ave	Within City Limits ?	<input checked="" type="checkbox"/>
City:	Tacoma	Zip:	98444-

Summary

On 3/4/20 Dispatch with South Sound 911 notified this office of the in-custody death of a 33-year-old male. I contacted Det. Loeffelholz with the PCSD and was informed that the decedent began attacking a Tacoma Police Department vehicle and Officer at approximately 2322 on 3/3/20. A scuffle occurred between the two officers and the decedent and a taser was deployed, suspected to have struck the decedent in the chest. The officers were able to restrain the decedent with handcuffs and a canvas strap around his legs. The decedent continued to be combative while restrained for an unknown period of time before becoming unresponsive. The officers requested medical aid; EMS arrived and began resuscitative measures but were unsuccessful and the decedent was pronounced at 0012. No firearms were reported to be discharged. The decedent has abrasions bilaterally at the face and defects bilaterally at the legs below the knees and bilaterally at the knuckles. Two potential defects were observed at the chest, below the nipple line and approximately midline. No identification was found on the decedent's person and he was identified by law enforcement fingerprint scanner. Medical records disclose a cardiac and intravenous drug use history. - JDA

Investigator: Atzet, Jacob

5/13/2020 11:06:47 aabingt



Medical Examiner's Record

Pierce County, Washington

*** CONFIDENTIAL ***

Case : 200519

Ellis, Manuel Elijah

Identification

Case Number: 200519

Last Known Alive: 00/00/0000

Time:

Witnessed By: Police/Law Enforcement

Last Seen Alive By:

Deceased Found: 00/00/0000 00:00

Found By:

ID Date: 03/04/2020

ID By: PCSD

Method: Fingerprints

Personal History and Fingerprints

Fingerprints Available: Fingerprint Agency:

Dental Records Avail: Dentist:

X-Rays Available: Hospital/Doctor:

Education: Military Status:

Primary Care Physician: None

Physician Will Certify:

Last Visit:

Phone:

Diagnosis:

Secondary Care Physician:

Physician Will Certify:

Last Visit:

Phone:

Diagnosis:

Aliases and Unknown Names

Alias:

Other Information

Traffic Related Incident: Number of Vehicles Involved: Possible Drug Overdose:

Medical History:

ADHD, chest pain, methamphetamine abuse and physical assault (9/2019), anxiety, asthma, IVDA, acute pericarditis, pneumonia, pericardial effusion without cardiac tamponade, hypoxia, pleurisy, and SIRS

Suspected drugs and on scene medications:

None

Medical Examiner's Record

Pierce County, Washington

*** CONFIDENTIAL ***

Case : 200519

Ellis, Manuel Elijah

Survivor 1 Information

Last Name: Carter First: Marcia Middle: Relationship: Mother
Address:
City: State: Zip: - Phone: (253) 283-5267
Notified By: Francia Agency: Family
Notified Date: 03/04/2020 Notify Method: Family

Survivor 2 Information

Last Name: Yarbrough First: Francia Middle: Relationship: Sister
Address:
City: State: Zip: - Phone: (253) 533-3020
Notified By: Rich OBrien Agency: PCME
Notified Date: 03/04/2020 Notify Method: M.E. Investigator

Survivor 3 Information

Last Name: Patterson First: Middle: Relationship: Step-Father
Address:
City: State: Zip: - Phone: (253) 283-5267
Notified By: Francia Agency: Family
Notified Date: 03/04/2020 Notify Method: Family

Funeral Home Selection

Funeral Home: Edwards Memorial Authorized By: Matthew Ellis
Date Selected: 03/09/2020 12:35 Date Released: 03/09/2020 Relation: Brother

5/13/2020 11:06:47 aabingt

Investigative Report
Pierce County Medical Examiner

***** CONFIDENTIAL *****

Case: 200519 Ellis, Manuel E.

Circumstances of Death

On 3/4/20 Dispatch with South Sound 911 notified this office of the in-custody death of a 33-year-old male. I contacted Det. Loeffelholz with the PCSD and was informed that the decedent began attacking a Tacoma Police Department (TPD) vehicle and two Officers at approximately 2322 on 3/3/20. A scuffle occurred between the two Officers and the decedent and a taser was deployed, suspected to have struck the decedent in the chest. The officers were able to restrain the decedent with handcuffs and a canvas strap around his legs. The decedent continued to be combative while restrained for an unknown period of time before becoming unresponsive. The officers requested medical aid; EMS arrived and began resuscitative measures but were unsuccessful and the decedent was pronounced at 0012. No firearms were reported to be discharged. The decedent has abrasions bilaterally at the face and defects bilaterally at the legs, below the knees, and bilaterally at the knuckles. Two potential defects were observed at the chest, below the nipple line and approximately midline. No identification was found on the decedent's person and he was identified by law enforcement fingerprint scanner.

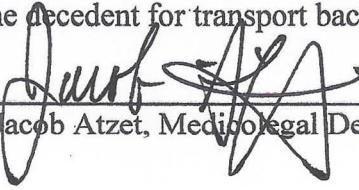
MultiCare records disclose a problem list consisting of: ADHD, chest pain, methamphetamine abuse and physical assault (9/2019), anxiety, asthma, IVDA, acute pericarditis, pneumonia, pericardial effusion without cardiac tamponade, hypoxia, pleurisy, and SIRS. The methamphetamine abuse and physical assault in September of 2019 was described as the decedent assaulting staff at a restaurant while high on methamphetamine. Staff fought him off, he fled the scene, and was arrested by law enforcement after resisting arrest and being tased.

The scene was located at the intersection of South 96th St. and Ainsworth Ave. in Tacoma. I arrived at approximately 0304 and was met by Pierce County Sheriff's Department Detectives Loeffelholz and Brockway and Forensics Investigator Mell. The intersection was blocked off in all directions by Law Enforcement vehicles. The intersection was well-lit and free of obstacles. Garbage bins lined the northern sidewalk near where the decedent was located. Det. Loeffelholz verified the sequence of events and explained that the taser barbs and wire had been collected prior to my arrival due to EMS resuscitative efforts.

The decedent was located on the northeastern corner of the intersection laid supine with his head toward the south and legs extended toward the north. Medical therapy was visible at the mouth, chest, and extremities. The decedent was clad in shorts, socks, and shoes. A sweatshirt and sweatpants were observed on scene and appeared to have been cut and removed by EMS. Abrasions were observed bilaterally at the face and bilaterally at the anterior legs. Two potential defects were observed at the chest and were suspected have resulted from the taser barbs. Pressure marks, appearing to be from handcuffs, were observed bilaterally at the wrists; broken skin was not observed. A tattoo was observed at the right forearm and an incomplete circular scar was observed at the top of the head. The skull felt intact upon palpation and no injuries to the neck were observed.

I exposed multiple digital images of the decedent and of the scene. PCSD Detectives assisted me with preparing the decedent for transport back to the PCMEO. I cleared the scene at approximately 0333.

Signature:


Jacob Atzet, Medicolegal Death Investigator

Date: 3/5/20